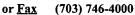
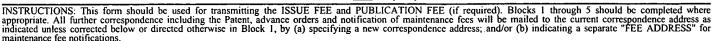
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





11	appropriate. All further con indicated unless corrected be naintenance fee notification	ns.	2100k 1, 0, (u,	,						
!	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 7590 10/20/2004				Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, may its own certificate of mailing or transmission.					
\$	FULBRIGHT & . SUITE 2400 600 CONGRESS A AUSTIN, TX 7870	O.P.E	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposit States Postal Service with sufficient postage for first class n addressed to the Mail Stop ISSUE FEE address above, transmitted to the USPTO (703) 746-4000, on the date indice			smission ng deposited with the Unite rst class mail in an envelop s above, or being facsimi date indicated below.				
	5 SFELEKE2 00000083		JAN 2 4 2	005 ப	Steven L.	Highlander, Esc	(Depositor's name			
		700.00 OP	E.	\mathcal{Z}		····	(Signature			
250 :150	N.A.	300.00 OP	W	AENLY	January 2	January 20, 2005 (Date)				
860	01 APPLICATION DA	ATION DA FILING DATE		HADE FIRST NAMED IN		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
. –	09/899,376	07/02/2001		Frank D). Hong	UTSC:645US/SLH	2755			
• _	DELIVERY						· · · · · · · · · · · · · · · · · · ·			
L	APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
	nonprovisional	YES	\$685	\$300		\$985	01/21/2005			
	EXAMINER		ART UN	IT	CLASS-SUBCLASS	UBCLASS				
	YAEN, CHRI	1642		530-300000						
-	Change of correspondence	e address or indication of "F	ee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates	lence address (or Change of 22) attached. ion (or "Fee Address" Indic- or more recent) attached. Us	ation form	or agents ((2) the nar registered 2 registere	OR, alternatively, ne of a single firm (having a attorney or agent) and the na d patent attorneys or agents.	s a member a 2				
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3	CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required. ASSIGNEE NAME AND	ion (or "Fee Address" Indica or more recent) attached. Us RESIDENCE DATA TO E	ation form e of a Customer E PRINTED ON T	or agents ((2) the nar registered 2 registere listed, no r	DR, alternatively, ne of a single firm (having a attorney or agent) and the na d patent attorneys or agents. name will be printed. (print or type)	s a member a 2				
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3	CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE Board of Reof Texas Sy	on (or "Fee Address" Indicor more recent) attached. Us RESIDENCE DATA TO E an assignee is identified be 37 CFR 3.11. Completion EE egents, The Universe	ation form e of a Customer E PRINTED ON T elow, no assignee of this form is NOT (B	or agents ((2) the nar registered 2 registered listed, no remains the PATENT data will app [7] a substitute [9] RESIDENCE	OR, alternatively, ne of a single firm (having a attorney or agent) and the na d patent attorneys or agents. name will be printed. (print or type) ear on the patent. If an assi for filing an assignment. EE: (CITY and STATE OR C Austin, Tx	s a member a 2 umes of up to If no name is 3 gnee is identified below, the OUNTRY)	document has been filed fo			
3 3	CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE Board of Reof Texas Sy	ion (or "Fee Address" Indicor more recent) attached. Us RESIDENCE DATA TO E an assignee is identified be 37 CFR 3.11. Completion EE egents, The Univitem assignee category or category	ation form e of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B Versity ries (will not be pri	or agents ((2) the nar registered 2 registered listed, no remains the PATENT data will app [7] a substitute [9] RESIDENCE	OR, alternatively, ne of a single firm (having a attorney or agent) and the na d patent attorneys or agents. name will be printed. (print or type) ear on the patent. If an assi for filing an assignment. EE: (CITY and STATE OR C Austin, Tx atent): Individual	s a member a 2 times of up to If no name is 3 gnee is identified below, the	document has been filed f			
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3 3	CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIE Board of Reof Texas Syplease check the appropriate a. The following fee(s) are of Issue Fee	RESIDENCE DATA TO E an assignee is identified be 37 CFR 3.11. Completion EE egents, The Universe assignee category or categorenclosed:	e of a Customer E PRINTED ON Telow, no assignee of this form is NOT (B Versity ries (will not be pri	or agents (2) the nar registered 2 registered 2 registered listed, no registered as will app a substitute RESIDENC inted on the p Payment of Payment	OR, alternatively, ne of a single firm (having a attorney or agent) and the na d patent attorneys or agents. name will be printed. (print or type) ear on the patent. If an assi for filing an assignment. OE: (CITY and STATE OR C Austin, Tx atent): Individual Fee(s): in the amount of the fee(s) is by credit card. Form PTO-20	s a member a 2	document has been filed for			

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January 20, 2005 Date

 C_{i}

37,642 Registration No.

Steven Highlander Typed or printed name

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TRANSMITTAL	Filing Date	July 2, 20					
FORM	First Named Inve	First Named Inventor Frank D. Hong					
1 Oktin	Art Unit	1642					
(to be used for all correspondence after initial	Examiner Name	. C. H. Yae	in				
Total Number of Pages in This Submission	4 Attorney Docket	Number UTSC:64	5US				
	ENCLOSURES	Check all that appl	(v)				
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request	Drawing(s) Licensing-related F Petition Petition to Convert Provisional Applica Power of Attomey, Change of Corresp Terminal Disclaime Request for Refund	to a tion Revocation ondence Address r	After Allowance Communication to To Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Part B - Fee(s) Transmittal; \$1,015.00 Checand Postcard.				
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks If check be inadvertently of C.F.R. §§ 1.16 to 1.21 be recommissioner is authorize 50-1212/UTSC:645US.	Landscape Table on CD tks be inadvertently omitted, or the amount is insufficient, or additional fees under 37 § 1.16 to 1.21 be required for any reason relating to the enclosed materials, the sioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No.:					

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Reg. No.

37,642

Date

01/20/0

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PTO/SB/17 (10-04)
Approved for use through 07/31/2006. OMB 0651-0032
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Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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(30)		,013.00

spond to a collection of info	ormation unless it displays a valid ONB control humber.
Co	omplete if Known
Application Number	09/899,376
Filing Date	July 2, 2001
First Named Inventor	Frank D. Hong
Examiner Name	C. H. Yaen
Art Unit	1642
Attorney Docket No.	UTSC:645US

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
✓ Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account:	Large I		Small			
Denosit	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid
Account Number	1051	130	2051		Surcharge - late filing fee or oath	00 1 414
Deposit Full-right & Jawaraki LLD	1052	50	2052	25	Surcharge - late provisional filing fee or	
Name Fulbright & Jaworski, LLP	1053	120	1052	130	Non-English specification	
The Director is authorized to: (check all that apply)	1053 1812	130 2.520	1053 1812 :		For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804		Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)	1001	020			Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	430	2252	215	Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253	980	2253	490	Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1254	1,530	2254	765	Extension for reply within fourth month	
Code (\$) Code (\$) 1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040	Extension for reply within fifth month	
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of Appeal	
1003 550 2003 275 Plant filing fee	1402	340	2402	170	Filing a brief in support of an appeal	
1004 790 2004 395 Reissue filing fee	1403	300	2403	150	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable	
	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,370	2501	685	Utility issue fee (or reissue)	685.00
Extra Claims below Fee Paid	1502	490	2502	245	Design issue fee	
Total Claims20** = X =	1503	660	2503	330	Plant issue fee	
Claims - 3** = X = X Multiple Dependent	1460	130	1460	130	Petitions to the Commissioner	
	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	8021	1 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a submission after final rejection	
1201 88 2201 44 Independent claims in excess of 3					(37 ČFR 1.129(a))	——
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1204 88 2204 44 ** Reissue independent claims over original patent	1801	790	2801	395		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
	Other	fee (sp	ecify) _			330.00
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	*Redu	ced by	Basic	Filing F	ee Paid SUBTOTAL (3) (\$) 1,015	5.00
CHRISTED BY			-		(Complete (if applicable))	

SUBMITTED BY Registration No. Telephone 512-536-3184 Name (Print/Type) 37,642 Steven L. Highlan 01/20/05 Date Signature

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